



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES  
AND CONTRIBUTIONS REPORT**

**FORM ORG**  
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(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

HAWAII STATE ETHICS COMMISSION  
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Honolulu, Hawaii 96813  
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STATE OF HAWAII  
ETHICS COMMISSION  
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For lobbying reporting period:

January 1 - last day of February

March 1 - April 30

May 1 - December 31

Year of Report 2005

Contact person Dan Youmans

Phone 203-389-8208

Organization Cingular Wireless

Mailing Address 617 Eastlake Ave., East  
Seattle, WA 98109

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 1,215.40

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists	\$1,215.40	11. Other disbursements	
6. Fees (other than to lobbyists)		<b>TOTAL EXPENDITURES</b>	<b>1,215.40</b>

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
George A. "Red" Morris	222 South Vineyard Street, Suite 401, Honolulu, Hawaii 96813	\$1,215.40

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- This section is not applicable  
 Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- This section is not applicable  
 Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

**PART II. CONTRIBUTIONS RECEIVED**

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- This section is not applicable  
 Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                                  | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce               | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation         | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection     | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Daniel A. Youmans  
(Signature of authorized person)

3/31/05  
(Date)

Name of authorized person (type or print) Daniel A. Youmans

Title of authorized person Regional Director